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Cuckfield Urban District Council.

ANNUAL REPORT

OF THE

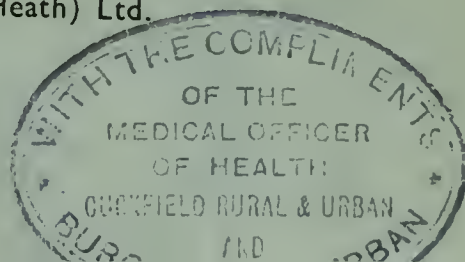
Medical Officer of Health

For the Year 1946.

BY

WILLIAM B. STOTT,
L.R.C.P. & S. (Edin.), D.P.H. (Camb.).

Charles Clarke (Haywards Heath) Ltd.
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URBAN DISTRICT COUNCIL OF CUCKFIELD.

REPORT

OF

THE MEDICAL OFFICER OF HEALTH.

To the Chairman and Members of the Cuckfield Urban District Council.

I have the honour to submit my Annual Report for the year 1946.

The Crude Death Rate is 13.16 as compared with 12.27 for the previous year and with 11.5 for England and Wales. It will be observed that the rate is higher than that for England and Wales, but the crude death rate is not a true criterion of the health of the people living in a district, as it does not take into account the age and sex of the inhabitants. This factor is taken into account in a "Corrected Death Rate," which is obtained by multiplying the crude death rate by a figure supplied by the Registrar-General. Since the war, however, this figure has not been supplied to local authorities. The Infantile Mortality Rate is 24.39.

No deaths occurred during the year from typhoid fever, scarlet fever, diphtheria or whooping cough.

DIPHTHERIA IMMUNISATION.

Set out below are particulars of the complete scheme as carried out in this district.

Pre-School Children.

Information regarding Children : Particulars of children born in the area are received in a weekly return from the Registrar-General ; those outside the area from the County Medical Officer of Health and District Nurses. Notifications of transfers into the district are also received from the Medical Officers of Health of the area concerned. A form is sent to the respective Medical Officer of Health asking for particulars of immunisation of the child.

Records : A card is made out for every child when it becomes nine months old, and for every new entrant into the district.

Blank cards are sent to the County Public Health Department, who fill in name, address, and date of birth of children born outside the district, or who have come from another area, and these are returned to this office periodically.

Cards are kept in containers (ordinary office filing boxes), each nurse's area having a separate one. These are divided by tabbed cards into the following categories.

Awaiting 1st injection	Schick test positives
Awaiting 2nd injection	Completed (in year groups)
Awaiting Schick test	Refusals

These filing boxes are kept by the immunisation clerk at the Council Offices.

As each child reaches the age of five years its card is transferred to an alphabetical filing cabinet "Awaiting Particulars" until information is received that the child has entered a school ; the card is then transferred to the school container (see below). After a period of six months, if no information is received from the school in respect of a child, a letter is sent to the parent asking which school the child is attending. When a request for particulars of immunisation is received from the medical officer of health of a district to which the child has removed a copy of the child's card is dispatched. Finally, there is a cabinet or "Dead File" for cards of children who have left the district.

Procedure : A letter containing explanatory leaflets with a stamped acceptance form enclosed is sent to the parent when the child is nine months old. Consent forms when received are fastened to the respective cards so that no child is inadvertently treated against the parent's wishes.

Parents are given the opportunity of taking their children to their own doctor or attending a clinic. Blank cards are sent to all general practitioners for completion in respect of children immunised by them. These cards are returned to this office, and payment is then made by the Council to the general practitioner at the rate of 3/- per injection (6/- per child) unless payment has been arranged privately with the parents. The district nurse is contacted, and a clinic is arranged. A list of children requiring treatment is sent to the district nurse, also a list of children whose parents have not returned the consent form, in order that she may visit and persuade the parent to agree to immunisation. Check on whether children taken to their own doctors have been done, and whether the doctor has completed the record, is secured by the immunisation clerk frequently going through the "Awaiting 1st injection" and other sections of the filing boxes, and by her meeting the district nurses.

Attendance at Clinics : Clinics are held at the Welfare Centre. Injections and tests at these clinics are all performed by Dr. Duke. The immunisation clerk attends in order to check the list previously sent to the district nurse, and to ascertain particulars of children who have come into her area, and the reason for non-attendance of other children. Parents are sent a post card informing them of the place and time of these clinics (transport by W.V.S. car service may be needed on occasions). Two injections of .3 cc A.P.T. each are given at monthly intervals. Children whose parent have refused treatment or who have not attended a clinic when requested to do so are visited by Dr. Duke, who endeavours to obtain the consent of the parent to immunise the child in the home. Now that refusals are down to the hard core of 5 per cent. or less this involves fewer special journeys ; but in the earlier stages of the scheme such visits were a very important feature of the scheme.

The Schick Test : All children are Schick tested at ordinary sessions approximately three months after the second injection and the reading carried out seven days later. Positives are given a further injection of .3 cc followed by another Schick test three months later. Children are re-tested at 5 years of age, and again at 10 ; positives receive a further injection. In order to obtain uniformity throughout the district, all testing is carried out by Dr. Duke. Experience has shown, however, that it is possible to use for reading the tests one or two really skilful nurses who have become fully acquainted with Dr. Duke's methods and the difficulties which may arise. In spite of this, every test which has been read by a nurse on behalf of Dr. Duke is recorded on the card as (N). A letter is sent to the parents of children immunised by their own doctor pointing out the advisability of the Schick test, and informing them of the time and place of the clinic where this can be performed.

School Children.

Elementary Schools : Cards of all school children are kept in containers one for each school (also kept at the office), the sub-divisions being the same as those of the pre-school children. At the beginning of each term, a form is sent to the head teacher asking for a list of new admissions and leavers. When this is returned, the cards of children are traced, and a list of children requiring treatment is sent to the head teacher. The cards of children who have left are, of course, taken from the school con-

tainer ; if the children have left at 15 years of age the cards are filed in a " Dead File " ; if they have left between the ages of 5 to 14 years the parent is written to asking which school the child is attending ; in the meantime the cards are filed in the cabinet " Awaiting Particulars. "

A visit to the school is arranged and all new admissions Schick tested. Those found to be positive are given a note asking the parents' consent to a further injection at the next school clinic. Children not previously immunised are given injections at the same time, provided that the parents have consented.

Private Schools : All private schools in the district are visited at regular intervals for the purpose of testing the children. Those found to be positive are given a letter recommending a further injection. Cards are made out as for elementary school children, and a container is kept for each school.

As contact was made at an early stage with all the doctors looking after private schools easy co-operation has been assured, and it is known in each case whether the doctor wishes to carry out for himself (a) the immunisation and/or (b) the Schick testing.

Cases of Diphtheria.

Details, as complete as possible, are collected of every case or probable case of diphtheria, including age, whether previously immunised (if so, date(s) of injection, results of any Schick tests, nature and make of antigen used, where done) and clinical particulars (type of organism, whether other severe infection present, whether severe, moderate or mild case, recovery prompt or slow, any complications and/or sequelae, whether recovery ultimately complete, and so on).

Results of Scheme.

Particulars are given below of the results at 31st December, 1946.

			1-5 years.		5-15 years.
Number of children	..	..	698	..	2,535
Number immunised	..	..	689	..	2,483
Percentage immunised	..	..	98	..	98

Name of School	Number on Roll	Number Immunised	Percentage
St. Wilfrid's (Infants) Primary C. of E.	136	135	99
Lindfield Primary Council ..	286	283	99
St. Wilfrid's (Junior) Primary C. of E.	350	342	98
Haywards Heath County Modern	366	357	98
Cuckfield Primary C. of E. ..	199	193	97
Children 5-15 years not on any roll	1,337	1,310	98
	335	333	99
TOTALS ..	1,672	1,643	98

During the year 187 children were immunised and 1,438 Schick tested.

One case of diphtheria occurred during the year, a child who had been immunised in 1940, but who had not been post Schick tested. The disease was mild, and the child made a complete recovery. Previous to this the last case of diphtheria to occur in this district was in 1943.

Research :

In my Report for 1945 mention was made of the commencement of a scheme to test and immunise expectant mothers with a view to discovering if the immunity in the mother is passed on to the infant and if so whether that immunity would last for twelve months.

There were 123 expectant mothers tested at the fifth month of pregnancy, 84 being positive, or susceptible to diphtheria, and 39 negative. Those found to be positive were immunised by three doses of T.A.F. In addition, 545 mothers were tested following the birth of the child, 319 being positive and 226 negative.

Up to the present it has only been possible to test 46 babies between the ages of 6-12 months whose mothers were Schick negative. Of these, 38 were tested at 10-12 months, only 4 being negative ; 8 were tested at 6-9 months, 2 being negative. These figures are, of course, statistically insufficient to draw a firm conclusion, but it would seem that infants do not retain inherited immunity for more than ten months. We now have to find out if the immunity will be retained for six months, and in the future it is proposed to test all the children about the sixth month.

All the testing and test readings throughout the area has been carried out by Dr. Duke, Deputy Medical Officer of Health, and he also gave the majority of the inoculations. It is mainly due to his efforts and those of Miss Dean, Immunisation Clerk, that the scheme runs so smoothly and efficiently.

MID-SUSSEX ISOLATION HOSPITAL.

This hospital, which served the needs of the Cuckfield Rural, Cuckfield Urban and Burgess Hill Urban Districts, was administered by a Joint Board consisting of members appointed by the three constituent authorities. The hospital had to be closed in August due to difficulties in obtaining nursing and domestic staff, and as a result the number of patients treated during the year was considerably less than in 1945—57 patients as compared with 95.

Only one case of diphtheria was admitted, a child from the Cuckfield Urban District who had been immunised in 1940. The case was a mild one.

Following a suggestion to amalgamate the hospital with the High Grove Isolation Hospital, East Grinstead, which served the Uckfield Rural and East Grinstead Urban Districts, a meeting was held between representatives of both Hospital Management Committees. At this joint meeting it was agreed that amalgamation was desirable, and it was recommended to the constituent authorities to go fully into the matter, including the closure of the High Grove Hospital and the re-opening of the Mid-Sussex Hospital to serve the whole area. The population of the joint area was 93,809, so that with 40 beds available at the hospital this was equivalent to one bed for 2,345 of the population. I gave the opinion that in view of the number of cubicle beds (twelve) and the large percentage of the child population immunised against diphtheria—over 90 per cent. throughout the area—this hospital was large enough to meet the normal needs of the five districts. All the Councils passed resolutions agreeing to the proposals, and the Minister of Health made an Order constituting a new Joint Hospital Board, consisting of members appointed by the five constituent authorities.

The Matron and Staff of the High Grove Hospital were transferred to this Hospital in November, and re-opening for patients took place a few weeks later.

At the time of writing, the Hospital has been open for several months ; so far the number of beds has proved adequate, two wards only having to be opened and one of these only for a few weeks ; the staff position is satisfactory ; no difficulties have arisen in fetching patients by ambulance (two are available) although the distance to parts of the district are much further than previously. It was fortunate that Matron and Sister were willing to be transferred from High Grove, as main credit for the smooth administration of the hospital since it was re-opened is due to their efforts, and my best thanks are due to them for their co-operation.

I should also like to take this opportunity of paying a tribute to Dr. Ralph Green, visiting physician, for his unfailing attendance at the hospital and for the great care and attention which he gives to the patients.

SCABIES.

Scabies was made notifiable in 1943, and this has proved to be of great assistance in dealing with the disease. The number of cases has decreased from 79 to 44 in 1946. The type of case now being treated is much less severe than formerly, due to the general practitioners and the general public being more conversant with the symptoms, with the result that patients are now seen earlier.

HOUSING.

The inspection of houses was confined to those about which complaints were received. When labour and materials become available for the remedy of defects and disrepair, and it is hoped this will not be long delayed, it will be necessary to inspect the majority of working class dwellings in the district in order that the houses can be made fit, or demolished if incapable of being rendered fit.

During the year seventy-three families were re-housed by the Council, 41 in prefabricated houses, 12 in new permanent houses, 15 in three requisitioned houses converted into flats, one in a separate requisitioned house and four in a converted hut.

The cost of adaptations for the 19 families housed in flats averaged £60 per flat, and this method of re-housing is speedy, satisfactory and comparatively cheap, and the families themselves are very happy to have a house of their own after having to live in one room or with relations.

At the end of 1946 there remained 632 applicants for housing accommodation.

During the present year two huts, which formed part of an army hospital unit, have been converted into 18 two-roomed flats for married couples having not more than one young child. The accommodation provided has proved so satisfactory that the Council hope to convert more of these huts later in the year. Mr. Staynes has been responsible for the adaptation of the houses and huts, and is to be congratulated on the success of this scheme.

The prefabricated houses were occupied in the late summer, and the tenants were very enamoured with the amenities provided—bath and bathroom with hot water laid on, gas cooker, frigidaire, airing cupboard, &c. A complaint was received, however, during the winter, and Mr. Willett, Surveyor to the Council, and I carried out an inspection of these houses and interviewed the tenants. We came to the conclusion, which was corroborated later by recording the temperature inside and outside, that the houses were colder

than traditionally built houses, that the stove in the living room, although it heated the water, did not adequately heat the living room, nor did the ducts heat the bedrooms, that condensation of moisture on the walls and ceiling of the kitchen was troublesome, and, lastly, that there was practically no heat in the airing cupboard.

It was observed that some of the tenants were not using the stove in the living room properly, and advice was given on this matter and as to the best kind of fuel to burn.

The Surveyor experimented on one house, and carried out the following improvements :—

“ Sealed the ingress of cold air from the under-floor space and the egress of warm air from the roof cavity. Removed the rear panel of the airing cupboard to allow the warm air from the tank to circulate in the cupboard. Provided a ventilator in the kitchen ceiling above the cooker.”

These adaptations have improved the living conditions of the house, and the Ministry of Works have been asked to sanction them for the remainder of the houses.

DOMESTIC HELP SCHEME.

This Council agreed to accept delegation of this scheme from the County Council. The scale of charges laid down for a domestic help was £3 per week for a full-time help and 1/6 per hour for a part-time help, and advertisements for helps were inserted in the local press. The scale of payment proved to be insufficient, few women applying, and all those who started, with one exception, gave up after a week or two. Representation was made to the County Council to increase the payment to 2/- per hour, and this has recently been agreed to.

WATER SUPPLY.

Every house in the district is provided with a piped supply direct to the house. There has been no shortage of water during the year, and monthly samples taken for bacteriological analyses were all satisfactory. The supply is filtered and chlorinated, and has no plumbo-solvent action.

MILK SUPPLY.

Strict supervision of the milk supply was maintained, 244 samples being taken during the year ; of these 227 passed all three tests (methylene blue, counts of under 200,000 bacteria per c.c., absence of coliform organisms in 1/100th c.c.). Very few of the failures gave high bacterial counts, and it can be stated that the standard of milk production and retail distribution in this district is high.

I am indebted to Mr. Staynes, Senior Sanitary Inspector, for his help and co-operation in the work of the department, and for his assistance in compiling this Report, and to the other members of the Staff, and in particular to Miss Everson, my Chief Clerk.

I should like to take this opportunity of expressing my appreciation of the consideration, support and assistance I have received from the Chairman and Members of the Public Health Committee.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

W. B. STOTT,

Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

SUMMARY OF STATISTICS FOR THE YEARS 1939, 1945 and 1946.

	1939.	1945.	1946.
Area of District in acres	3,912	3,912	3,912
Population estimated to middle of year	13,880	14,260	14,820
Rateable Value	£135,570	£142,327	£144,961
Sum represented by a Penny Rate..	£525	£576/3/5	£570/19/4
Density of Population (persons per acre)	3.5	3.64	3.79
Number of Houses	4,114	4,175	4,281
Birth Rate per 1,000 population ..	13.61	15.00	16.60
Death Rate per 1,000 population ..	11.73	12.27	13.16
Infantile Mortality Rate	41.4	23.36	24.39

CAUSES OF DEATH IN CUCKFIELD URBAN DISTRICT.

CAUSE OF DEATH.	MALES.	FEMALES.
1. Typhoid and Paratyphoid Fevers	—	—
2. Cerebro-Spinal Fever	—	—
3. Scarlet Fever	—	—
4. Whooping Cough	—	—
5. Diphtheria	—	—
6. Tuberculosis of Respiratory System	5	2
7. Other forms of Tuberculosis	—	—
8. Syphilitic Diseases	1	—
9. Influenza	1	1
10. Measles	—	1
11. Acute Poliomyelitis and Polio-encephalitis	—	—
12. Acute Inf. Encephalitis	—	—
13. Cancer of B. Cav. and Oesoph. (male), Uterus (female)	2	1
14. Cancer of Stomach and Duodenum	—	1
15. Cancer of Breast	—	5
16. Cancer of all other sites	9	7
17. Diabetes	—	3
18. Intra. Cran. Vasc. Lesions	11	16
19. Heart Disease	21	41
20. Other Diseases of Circulatory System	4	2
21. Bronchitis	1	4
22. Pneumonia	7	—
23. Other Respiratory Diseases	1	1
24. Ulcer of Stomach or Duodenum	1	1
25. Diarrhoea under 2 years	1	1
26. Appendicitis	—	1
27. Other Digestive Diseases	5	2
28. Nephritis	7	2
29. Puerperal and Post Abor. Sepsis	—	—
30. Other Maternal Causes	—	1
31. Premature Birth	1	—
32. Con. Mal. Birth Inj. Infant Dis.	—	2
33. Suicide	—	2
34. Road Traffic Accidents	2	—
35. Other Violent Causes	1	—
36. All other Causes	12	5
Totals	93	102

BIRTH RATE, CIVILIAN DEATH RATE AND ANNUAL ANALYSIS OF MORTALITY During the Year 1946 (Provisional Figures).

	RATE PER 1,000 CIVILIAN POPULATION.		ANNUAL DEATH RATE PER 1,000 CIVILIAN POPULATION.							RATE PER 1,000 LIVE BIRTHS.		
	Live Births	Still Births	All Causes	Typhoid and Para-typhoid Fever	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Small-pox	Measles	Diarrhoea and Enteritis (Under 2 years)	Total Deaths under 1 year
England and Wales	19.1	0.53	11.5	0.00	0.00	0.02	0.01	0.15	0.00	0.00	4.4	43
126 County Boroughs and Great Towns, including London	22.2	0.67	12.7	0.00	0.00	0.02	0.01	0.13	0.00	0.01	6.1	46
148 Smaller Towns (Resident Popu- lation 25,000 to 50,000 at 1931 Census)	21.3	0.59	11.7	0.00	0.00	0.02	0.01	0.14	0.00	0.00	2.8	37
London	21.5	0.54	12.7	0.00	0.00	0.02	0.01	0.12	—	0.01	4.2	41
Cuckfield Urban	16.60	0.40	13.16	—	—	—	—	0.13	—	0.07	8.13	24.39

Puerperal

The Maternal Mortality Rates for England and Wales are as follows :—Per 1,000 Total Births

Sepsis.	0.18	Others.	1.06	Total.	1.24
The Maternal Mortality Rates for the Cuckfield Urban District are as follows ..	Nil	3.97	3.97		3.97

BIRTHS AND DEATHS.

Births and Birth Rate.

The following Table shows the Births registered for the year 1946 :—

			Male.		Female.		Total.
Legitimate	..	..	113	..	116	..	229
Illegitimate	..	..	9	..	8	..	17
			<hr/>		<hr/>		<hr/>
Total	..	..	122	..	124	..	246
			<hr/>		<hr/>		<hr/>

This gives a rate of 16.60 per 1,000 population.

			Male.		Female.		Total.
Total Stillbirths	..		5	..	1	..	6
Legitimate	..		5	..	1	..	6
Illegitimate	..		—	..	—	..	—

Deaths and Death Rate.

The following Table shows the Deaths registered for the year 1946 :—

		Male.		Female.		Total.
	93	..	102	..		195

This gives a mortality rate of 13.16 per 1,000 population.

SANITARY SUPERVISION OF THE AREA.

*Slaughterhouses	..	..	..	..	..	..	..	441
Foodshops	..	..	..	..	..	..	..	591
Bakehouses	..	..	..	..	..	..	..	96
Cowsheds	..	..	..	..	..	..	..	162
Dairies	..	..	..	..	..	..	..	202
Restaurant Kitchens	..	..	..	..	..	..	..	36
Factories	..	..	..	..	..	..	..	89
Primary Public Health Acts	..	..	..	..	..	..	..	160
Primary Housing Acts	..	..	..	..	..	..	..	5
Re-Inspections	..	..	..	..	..	..	..	267
Infectious Diseases	..	..	..	..	..	..	..	81
Disinfections	..	..	..	..	..	..	..	17
†Rats and Mice	..	..	..	..	..	..	..	2,046
Disinfestations	..	..	..	..	..	..	..	19
Miscellaneous	..	..	..	..	..	..	..	95
Inadequately Housed	..	..	..	..	..	..	..	554
Maintenance of Requisitioned Houses	..	..	..	..	..	..	..	299
Control of Building Works	..	..	..	..	..	..	..	738
Caravans	..	..	..	..	..	..	..	7
Shops Act, 1934	..	..	..	..	..	..	..	107
Public Sanitary Convenience	..	..	..	..	..	..	..	7
Refuse Tips	..	..	..	..	..	..	..	21
								<hr/>
								6,040
								<hr/>

* Approximately one-third of these visits were made by the Sanitary Inspectors of the adjoining rural district.

† This figure includes visits made by the Council's rodent operative.

Complaints.

One hundred and seven complaints were received and dealt with ; seventy-one of these were regarding rats and mice.

Statutory Notices.**Section 75 Public Health Act, 1936.**

Served	3
Complied with by owners	2

Section 93 Public Health Act, 1936.

Served	4
Complied with by owners	5

Housing.**Section 11 Housing Act, 1936.**

Undertakings cancelled after houses made fit ..	2
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Infestations.

All infestations were dealt with by liquid insecticide. The following premises were disinfected during the year :—

Fleas	3
Bugs	4
Ants	2
Beetles	4
Moths	2
Flies	3
Mosquitoes	1
	<hr/>
	19
	<hr/>

One of the fly infestations dealt with concerned several houses on a Council Housing Estate close to a refuse tip. The tip surface was sprayed with insecticide and covered with a sprinkling of earth, and the interior of the houses was treated with D.D.T. powder—these measures proved effective.

INSPECTION AND SUPERVISION OF FOOD.**Meat Inspection.**

During the year 5,872 animals were slaughtered, and all were inspected. There were 441 visits to the slaughterhouse, and 1,041 condemnations, involving 34,806lb. of meat and offals, were made.

Animals Slaughtered.

Bulls	52
Bullocks	495
Cows	531
Heifers	451
Calves	1,164
Sheep	2,953
Pigs	136
	<hr/>
Total	5,782
	<hr/>

Carcases of Animals Inspected and Condemned.

	Cattle (excludg. Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number Killed	998	531	1164	2953	136
Number inspected ..	998	531	1164	2953	136
All Diseases except Tuberculosis: Whole carcases condemned	3	3	5	3	2
Carcases of which some part or organ was condemned	233	168	7	252	10
Percentage of the number inspected affected with disease other than Tuberculosis	23.65	32.20	1.03	8.64	8.82
Tuberculosis only: Whole carcases condemned ..	11	16	—	—	1
Carcases of which some part or organ was condemned	91	230	—	—	6
Percentage of the number inspected affected with Tuberculosis	10	46	—	—	5
Percentage of the number inspected during 1940, 1941, 1942, 1943, 1944, 1945 and 1946 infected with Tuberculosis ..	14	53	1	—	7

The above table shows that of 531 cows slaughtered, 246 were affected with tuberculosis in some degree, whilst 417 were in some way diseased. The percentage of cows killed affected with tuberculosis (46) is less than last year, the figures for 1940, 1941, 1942, 1943, 1944 and 1945 being 47, 55, 52, 65, 56 and 49 respectively.

Of 52 bulls slaughtered 15 were affected with tuberculosis in some degree.

Of all cattle killed (1,529) 348 were affected with tuberculosis in some degree.

The great increase in the percentage of cattle (including cows) affected with disease other than tuberculosis is due to an increase in the number of livers affected with fluke, the carcases being of good quality.

MILK SUPPLY.

The standard adopted for milk other than pasteurised milk is that samples which pass the methylene blue test have counts of under 200,000 per m.l., and absence of coliform organisms in 1/100 m.l. are considered to be satisfactory.

Tuberculin Tested Milk.

Forty-nine samples were taken from the four producers in the district, and of these 48 satisfied all three tests. Three of the producers had no unsatisfactory samples during the year.

Accredited Milk.

Sixty-six samples were taken from the six accredited producers, and 64 of them satisfied all three tests. Four of the accredited producers had no unsatisfactory samples during the year.

Ordinary Milk.

Thirty-two samples of ordinary milk were taken from the three producers, and 29 satisfied all three tests. One producer had no unsatisfactory samples during the year.

All Local Produced Milk.

Of the 147 samples of milk from local producers, 141 satisfied all three tests.

Retailers' Milk (including that from Producer-Retailers).

One hundred and fifteen samples of milk were obtained by retail, and 104 satisfied all three tests.

Of the 244 samples of milk other than pasteurised milk taken during the year, 227 satisfied all three tests.

Pasteurised Milk.

Forty-two samples of pasturised milk were obtained and three failed the methylene blue test—one of these also failed the phosphatase test. Samples of pasteurised milk were also submitted to the plate count and coli tests, and 13 contained b. coli in 1/100 m.l. and one had a bacterial count of more than 200,000. All pasteurised milk is sent into this area from other districts, and all the samples containing B. Coli were from the same firm. Strong representations were made to the firm and the Medical Officer of Health for the district was informed. It is understood that some new plant was installed at the dairy and all samples taken during the last eight months have been satisfactory.

Forty-four samples of milk (24 produced locally and 20 from outside the district) were submitted for biological examination and all gave negative results.

DESTRUCTION OF RATS AND MICE.

There were seventy-one complaints regarding rat infestation during 1946, and these led to the inspection of 340 premises, of which 110 were found to be infested. The Council employ a rat operative trained under the Ministry of Food's Scheme, and this man worked at 110 premises. Three hundred and eighty-one dead rats were found, and it is estimated that 2,839 rats were destroyed.

Those manholes in the Council's sewers most likely to be rat infested, i.e., those at "dead ends," close to surface infestations, &c., were test baited during July and August, but no takes were recorded.

GOVERNMENT SELECTED SLAUGHTERHOUSE.

Many letters have been appearing in the National Press regarding alleged unsatisfactory conditions and cruelty at slaughterhouses. When the Government commenced slaughtering in this district the conditions at the selected slaughterhouse were unsatisfactory, the senior sanitary inspector reporting upon the absence of a cooling room, crowding of carcasses and offals in the slaughterhouse making inspection difficult, and deterioration of meat during warm weather likely; the poor lairage accommodation (mostly devoid of light and ventilation); unpaved brick yard and absence of proper facilities for storage of condemned meat and offals. A copy of this Report was sent to the Ministry of Food and during August, 1940, a large cooling room was provided, additional light and airy lairage was constructed, the yard paved with concrete, and bins provided for condemned offals. When the transport of animals was difficult owing to shortage of vehicles, &c., there was some crowding of animals at this slaughterhouse, but this ceased some time ago, and nothing else that could be construed as cruelty has been observed.

MEAT REGULATIONS.

During the war years the delivery of meat by butchers was discontinued, but is now being re-commenced, and it is strongly urged that butchers should provide waterproof covers to the large cycle baskets to protect meat from contamination by dust and dirt—owing to the paper shortage, meat is still delivered inadequately wrapped, and such a cover would prove most useful. Protection of meat from dust and dirt is required by the Public Health Meat Regulations.

LICENSING OF WORK.

The senior sanitary inspector is responsible for the licensing of works to existing buildings unless structural alterations requiring the submission of plans is involved, and during 1946 there were 649 applications involving over £35,000 of work to be dealt with. The licensing of works at existing properties often enables the sanitary inspector to secure the remedy of sanitary defects which may be more urgently required than the works for which the licence is actually applied for.

STAFF.

The post of additional sanitary inspector which had been vacant since the early days of the war was filled in April, 1946, by Mr. W. G. Coker, who holds the Certificate of the Sanitary Inspector's Joint Examination Board and the Meat and Food Inspector's Certificate of the Royal Sanitary Institute.

Mr. K. G. Rapley, clerk in the sanitary inspector's office, was demobilised early in the year and, after a short period in the office, was given extended leave of absence to attend a training course for sanitary inspectors under a Government Training Scheme.

NOTIFICATIONS OF INFECTIOUS DISEASE.

Disease.	Total.	Admitted to Hospital.	Deaths.
Scarlet Fever	6	2	—
Whooping Cough	15	—	—
Measles	25	1	—
Diphtheria	1	1	—
Pneumonia	1	1	—
Dysentery	18	18	—
Erysipelas	3	3	—
Puerperal Pyrexia	5	5	—
Scabies	2	—	—
Totals	76	31	—

INFECTIOUS DISEASE.

Notification Rates per 1,000 of the Population.

Notifications.	England and Wales.	Cuckfield Urban.
Typhoid Fever	0.01	—
Paratyphoid Fever	0.02	—
Cerebro-Spinal Fever	0.05	—
Scarlet Fever	1.38	0.40
Whooping Cough	2.28	1.01
Diphtheria	0.28	0.07
Erysipelas	0.22	0.20
Smallpox	0.00	—
Measles	3.92	1.69
Pneumonia	0.89	0.07

CASES OF INFECTIOUS DISEASE IN AGE GROUPS.

Disease.	Under 1 year	1 - 2	2 - 3	3 - 4	4 - 5	5 - 10	10 - 15	15 - 20	20 - 35	35 - 45	45 - 65	65 and over	Totals
Scarlet Fever	—	—	1	—	—	4	1	—	—	—	—	—	6
Whooping Cough	—	1	2	2	2	8	—	—	—	—	—	—	15
Measles	1	1	—	1	2	16	4	—	—	—	—	—	25
Diphtheria	—	—	—	—	—	—	1	—	—	—	—	—	1
Pneumonia	—	—	—	—	—	—	—	—	—	1	—	—	1
Dysentery	—	—	—	—	—	—	—	—	3	7	7	1	18
Erysipelas	—	—	—	—	—	—	—	—	—	1	2	—	3
Puerperal Pyrexia	—	—	—	—	—	—	—	—	5	—	—	—	5
Scabies	—	—	1	—	—	—	—	—	—	1	—	—	2
Totals	1	2	4	3	4	28	6	—	8	10	9	1	76

TUBERCULOSIS—NEW CASES AND MORTALITY, 1946.

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
0 - 1	-	-	-	-	-	-	-	-
1 - 5	-	-	-	1	-	-	-	-
5 - 15	-	-	-	-	-	-	-	-
15 - 25	4	-	-	2	-	-	-	-
25 - 35	-	1	1	1	-	-	-	-
35 - 45	-	1	1	-	1	1	-	-
45 - 55	2	-	-	-	2	-	-	-
55 - 65	2	-	-	-	2	-	-	-
65 and over	3	-	-	-	-	1	-	-
TOTALS	11	2	2	4	5	2	-	-

THE MID-SUSSEX ISOLATION HOSPITAL.

Appended below are details of cases admitted to the Hospital during the year.

Disease.	Cuckfield Rural District	Cuckfield Urban District	Burgess Hill Urban District	East Grinstead Urban District	Uckfield Rural District	Other Districts.	Total.
Diphtheria	—	1	—	—	—	—	1
Observation Diphtheria	1	—	—	—	1	—	2
Scarlet Fever	27	1	—	—	2	2	32
Observation Scarlet Fever	2	—	—	—	—	—	2
Poliomyelitis	1	—	1	—	—	—	2
Meningitis	1	—	—	—	—	—	1
Observation Cerebro-spinal Meningitis	—	—	—	—	—	1	1
Observation Meningitis	1	—	—	—	—	—	1
Enteric Fever	—	1	—	—	—	—	1
Vincent's Angina	2	—	—	—	—	—	2
Streptococcal Rash	—	—	—	—	1	—	1
Measles	—	—	—	1	—	—	1
Measles and Bronchitis	—	—	—	1	—	—	1
Whooping Cough	—	—	—	—	—	1	1
Whooping Cough and Pneumonia	1	—	—	—	—	1	2
Erysipelas	—	—	—	—	—	1	1
Dysentery	—	—	1	—	—	—	1
Amoebic Dysentery	—	1	—	—	—	—	1
Chicken-pox	—	1	1	—	—	—	2
Mumps	1	—	—	—	—	—	1
Totals	37	5	3	2	4	6	57

